

SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

510100
OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response 16.00
SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and ind	icate change.)		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Type of Filing: Amendment	Section 4(6)	ULOE	
A. BASIC IDENTIFICATI	ON DATA		
1. Enter the information requested about the issuer		<del></del>	06049832
Name of Issuer ( check if this is an amendment and name has changed, and indica	to change.)	,	
ROCKWell MANAGEMENT LLC			
Address of Executive Offices    Penn Plaza 367 41, NY, NY 101	19	Telephone Number (I	- ,
Address of Principal Business Operations (Number and Street, City, (if different from Executive Offices)	State, Zip Code)	Telephone Number (	Inch A Code
Brief Description of Business			ACT 2 E com
Hobbing Company for D New BROKER-dealer		1	THOMSON
Type of Business Organization			FINANCIAL
corporation   limited partnership, already formed   business trust   limited partnership, to be formed	other (p	lease specify):	TO GAOIAL
Month Year	Limn	ed LIABILY Com	<i>144</i>
GENERAL INSTRUCTIONS		GENERAL	****
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption ut 77d(6).			•
When To File: A notice must be filed no later than 15 days after the first sale of securi and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at twhich it is due, on the date it was mailed by United States registered or certified mail to	he address given be	A notice is deemed file low or, if received at tha	d with the U.S. Securities t address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Wa	shington, D.C. 205	549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of whice photocopies of the manually signed copy or bear typed or printed signatures.	h must be manually	y signed. Any copies not	manually signed must be
Information Required: A new filing must contain all information requested. Amendme thereto, the information requested in Part C, and any material changes from the information to be filed with the SEC.	nts need only repor on previously suppl	t the name of the issuer a ied in Parts A and B. Part	and offering, any changes t E and the Appendix need
Filing Fee: There is no federal filing fee.			
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemp ULOE and that have adopted this form. Issuers relying on ULOE must file a separat are to be, or have been made. If a state requires the payment of a fee as a preconditi accompany this form. This notice shall be filed in the appropriate states in accordant this notice and must be completed.	e notice with the S on to the claim for ce with state law.	ecurities Administrator the exemption, a fee in	in each state where sales the proper amount shall
ATTENTION -		<del></del>	
Failure to file notice in the appropriate states will not result in a loss of appropriate federal notice will not result in a loss of an available state filing of a federal notice.	of the federal ex exemption unle	emption. Conversely as such exemption is	y, failure to file the predictated on the
Persons who respond to the collection of informa	tion contained in	n this form are not	

required to respond unless the form displays a currently valid OMB control number.

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1 of 9

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2. Enter the information re-	quested for the fol	lowing:			
<ul> <li>Each promoter of the</li> </ul>	he issuer, if the iss	uer has been organized wi	ithin the past five years;		
<ul> <li>Each beneficial own</li> </ul>	er having the pow	er to vote or dispose, or dir	ect the vote or disposition (	of, 10% or more of	a class of equity securities of the issuer.
<ul> <li>Each executive offi</li> </ul>	cer and director of	corporate issuers and of	corporate general and man	aging partners of p	partnership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)  Davie	. 1			
Business or Residence Addres	Number and	Street City State 7in Co	de)		
Dismess of Residence Augici	a (Humber and	onec, Chy, State, Zip Co	uc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
OTOYA	NANIEL				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	dc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			<u> </u>	
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	dc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				· · · · · · · · · · · · · · · · · · ·
Business or Residence Addres	s (Number and	Street, City, State, Zip Co.	de)	····	
	(Use blan	k sheet, or copy and use a	additional copies of this sh	icet, as necessary)	

	di erenz				Niversite.	ग्रह्म द्वार्थ	n (Ostalij	Near ear	very.			
i. Has th	e issuer sol	d ordone	the iccurs	mtand to a				- 41 - CC			Yes	No
I. Has u	e issuer sol	id, or does							_	•••••••••		圂
2. What i	is the minin	num invect			n Appendix							
2. "	is the mitte	14 11 11 1 COL	mem chat v	VIII DE ACC	spied from	any indivi	uuai?	*******************		****************		
3. Does t	he offering	permit joir	nt ownersh	ip of a sing	gle unit?	*************					Yes	No □
4. Enter	the informa ission or sin	tion reques	ted for eac	h person	who has be	en or will	be paid or	given, dire	ctly or inc	lirectly, any	v	_
lf a per or state	rson to be li es, list the n er or dealer	sted is an as ame of the l	sociated po broker or d	erson or ag ealer. If m	ent of a bro ore than fiv	ker or deale e (5) perso	er registere ns to be lis	d with the S ted are asso	SEC and/or	with a state	ė	
Full Name	(Last name	first, if ind	lividual)	<del></del> .						<del></del>		<del></del> -
<del> </del>												
Business of	r Residence	Address (I	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of A	ssociated B	roker or Do	ealer					<del></del>	<del></del>	<del></del>		
States in W												
(Cneci	c "All State	s" or check	individua	l States)	***************************************		************	************	**************		□ VI	I States
AL	AK	AZ	AR	CA	CO	<u>CT</u>	DE	DC	FL	GA)	HI	ĪD
IL	IN	[IA]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ	NM	[NY]	NC	ND	OH	OK.	OR	PA
	(SC)	נשנו	TN	TX	UT	VT	VA	WA	(WV)	WI]	WY]	[PR]
Full Name	(Last name	first, if ind	ividual)				···		<del></del>			
Business o	r Davidance	Address C	Mumbanan	d Canada C	Na. Carar	71- (1-1-)						
Dusiness o	i Kesidelice	Aduless (	Natioel 80	u succi, C	ity, State,	Zip Code)						
Name of As	sociated B	roker or De	aler	<del></del>								
States in W	hish Dans	Time d YY	. 0.11.1					<del></del>				
(Cilcux	"All State:	of Check	muividuai	States)	***************************************	*************	***************	******************	**************	****************	☐ A1	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL I	IN	IA	KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NI TX	NM (7/T)	NY	NC VA	(ND)	OH WOO	OK)	OR	PA
				<u> </u>	UT)	<u>[VT]</u>	VA	WA	[WV]	(WI)	WY	[PR]
Full Name (	(Last name	first, if ind	ividual)									
Business of	r Residence	Address (	Number an	d Street, C	ity, State.	Zip Code)		<del></del>				
Name of As	sociated Br	oker or De	aler									
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasero						
	"All States										□ All	States
											ᆸᄺ	J.4103
AL	(AK)	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
[IL]	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA)		MN	[MS]	MO
RI	SC	SD	TN	TX	UT	VT	VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	. 0	s 0
	Equity		s 0
	Common Preferred	· · · · · · · · · · · · · · · · · · ·	
	Convertible Securities (including warrants)	Smillion	5 0
	Partnership Interests	0	\$ 0
	Other (Specify)		5 0
	Total		\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	5 million	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		<b>s</b>
	Regulation A		s
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s <u>0</u>
	Printing and Engraving Costs		\$ 0
	Legal Fees	ليب	\$ 10,000
	Accounting Fees		5 0
	Engineering Fees		s 0
	Sales Commissions (specify finders' fees separately)		\$ 0
	Other Expenses (identify)		s D
	Total		\$ 0.00

	and total expenses furnished in response to Part C — Qu proceeds to the issuer."		usted gross	\$ 0.00
•	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any period the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an es se payments listed must equal the adju	timate and	4,990,000
			Payments to Officers, Directors, & Affiliates	Others
	Salaries and fees	***************************************	<u></u>	_ DSO
	Purchase of real estate	***************************************		_ Ds_O
	Purchase, rental or leasing and installation of machinand equipment	nery	<b>\$</b> _	s 5,000
	Construction or leasing of plant buildings and facilit	ies	<u>s</u> 0	s <u>_</u>
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another		s
	Repayment of indebtedness	***************************************		s_ <u>_</u>
	Repayment of indebtedness	***************************************	<u></u> \$s	15 LJ 990,000
	Other (specify):			
				\$
	Column Totals		<b>5</b> 0.00	s 0.00 4, 990,
	Total Payments Listed (column totals added)		s_C	1.00 4, 950, an
4		Dasadarvienenviens <sub>i se</sub>		
gn	issuer has duly caused this notice to be signed by the un ature constitutes an undertaking by the issuer to furnis nformation furnished by the issuer to any non-accred	th to the U.S. Securities and Exchang	e Commission, upon writt	ule 505, the following en request of its staff,
su K	OCKWELL MANAGEMENT LLC	ignature Salah	Date 8-22-6	6
an	te of Signer (Print or Type)	itle of Signer (Print or Type)		
- 1	Daniel Sakol	CEÒ		

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	Commence of the contract of th	4.0	e de la constante de la consta
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No D
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature /	1 / /	Date	
ROCKWELL MANAGEMENT LLC	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Datel	8-22-06	
Name (Print or Type)	Title (Print or Type)	7		
Daniel Sakol	CEO			

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Section 1	1 d - 1				<b>"成历政</b> 之	Section 2	ita i de entr		
3	Intend to non-a investor	I to sell accredited is in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		Disqualification under State UL (if yes, attach explanation of waiver grante (Part E-Item)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
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ні									
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MN							·		
MS									

1.75					MyiDics,				
1	,	2	3			4		5 Disgund	ification
	to non-a	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and irchased in State C-Item 2)		under Sta (if yes, explana waiver	ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
ΝV							<del></del>		
NH									
ĸIJ									
NM									
NY		と	Convertile Notes						
NC									
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1	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No	,	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									